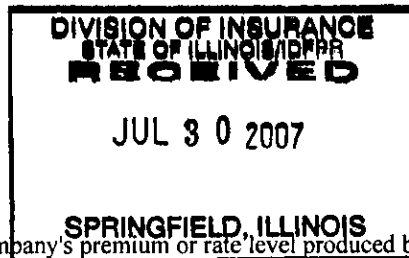


Form (RF-3)



## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

7-30-07  
Upon Approval

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto	69,251,919	25%
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are filing a new independent rating rule applicable to our Excess Catastrophe Liability policy form. The rule applies to a new form intended to provide Completed Operations coverage for a defined period of time subsequent to policy expiration under a Comprehensive General Liability policy issued for a Wrap Up Project Term. See the Filing Memorandum for details.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

ACE American Insurance Company  
Name of Company

Robert. E. Wolfrom –  
Sr. Regulatory Specialist  
Official - Title

**Summary Sheet (Form RF-3)**

Change in Company's premium or rate level produced by rate revision effective 10-21-2007

(1)	(2)	(3)
<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto	12,018,707	+1.6
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Package Policy		
14. Crop Hail		
15. Other <u>Bis-Pak (BOP)</u>		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

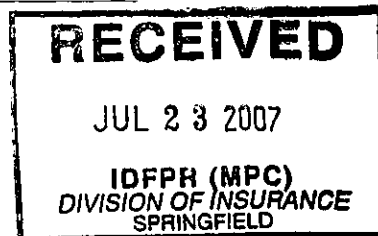
Adopting GL-2006-BGL1 and GL-2006-IALL1. Our loss cost multiplier for GL is changing to 1.416,  
while our Employment-Related Practices Liability Program will use the ACUITY All Other General  
Liability C.P.P. loss cost multiplier. These changes will result in an overall rate effect of 1.6.

\* Adjusted to reflect all prior rate changes.

\*\* Change is Company's premium level which will result from application of new rates.

ACUITY, A Mutual Insurance Company  
 Name of Company

Diane Udovich  
Regulatory Filing Technician  
 Official - Title



# DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Company's premium or rate level produced by rate revision effective 10/01/2007

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto	\$204,530	+10.5%
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____ Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

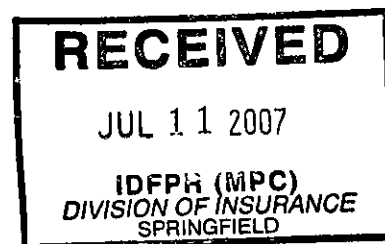
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of ISO Loss Costs, ILF's, Liquor and company LCM and ELR changes.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Amerisure Insurance Company  
Name of Company

Karin M. Tremain - Senior Compliance Analyst  
Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Company's premium or rate level produced by rate revision effective 10/01/2007

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto	\$2,689,100	+6.0%
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

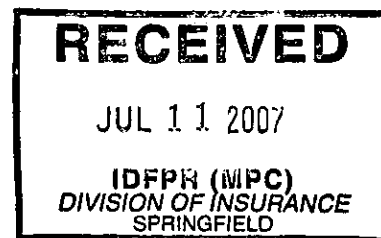
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of ISO Loss Costs, ILF's, Liquor and company LCM and ELR changes.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Amerisure Mutual Insurance Company  
Name of Company

Karin M. Tremain - Senior Compliance Analyst  
Official - Title

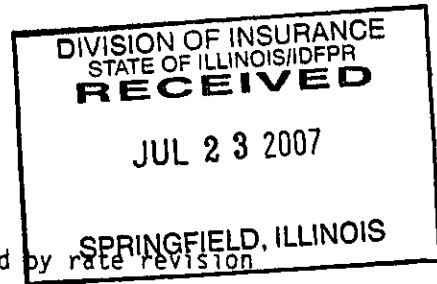


Accts Prof. Liab

Section 754. EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision effective 10/01/2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger		0.00%
Commercial		0.00%
2. Automobile Physical Damage Private Passenger		0.00%
Commercial		0.00%
3. Liability Other Than Auto	900,000	-13.20%
4. Burglary and Theft		0.00%
5. Glass		0.00%
6. Fidelity		0.00%
7. Surety		0.00%
8. Boiler and Machinery		0.00%
9. Fire		0.00%
10. Extended Coverage		0.00%
11. Inland Marine		0.00%
12. Homeowners		0.00%
13. Commercial Multi-Peril		0.00%
14. Crop Hail		0.00%
15. Other		0.00%
Life of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: Filing applies to all classes insured - Independently filed rates.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Reduction in base rate, increase / decrease limit factors, and minimum premiums; new factor for firm size credit.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

CAMICO Mutual Insurance Company

Name of Company

FILED

John T. Takayoshi

Digitally signed by John T. Takayoshi  
DN: cn=John T. Takayoshi, o=US, ou=CAMICO Mutual Insurance Company, email=Manager of Regulatory Affairs  
Date: 2007.07.18 11:12:22 -0700

Official--Title

MAR 17 1983

SOS - ISL - CODE UNIT

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective August 1, 2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto	1,299,000	+9.6%
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

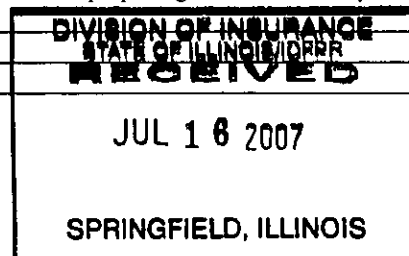
No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

This is Diamond State Insurance Company's initial loss cost filing. We are proposing a loss cost multiplier of 1.70 and we are adopting ISO's current loss cost revision.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.



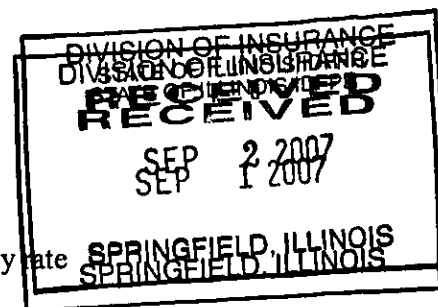
Diamond State Insurance Company  
Name of Company

Linda Rothwell  
Manager - State Filings

\_\_\_\_\_  
Official - Title

Form (RF-3)

SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision effective September 1, 2007

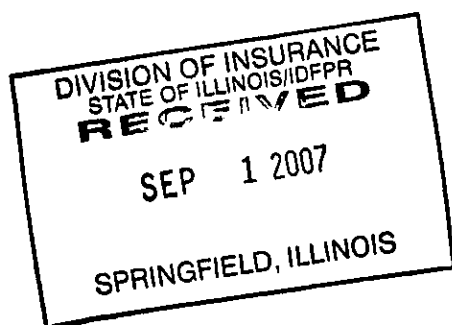
(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+or-)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical		
Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto	\$696,294	-8.921%
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory ( territories ) or certain classes ? If so, specify :  
No, statewide.

Brief description of filing. ( If filing follows rates of an advisory organization, specify organization ) :  
Revise rates and payroll limitation.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.



The Ohio Casualty Insurance Company

Name of Company

Joe Allen, Product Staff Underwriter

Official - Title

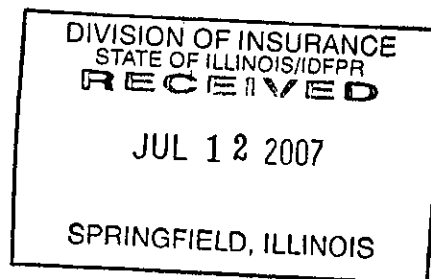
## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 10/1/2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial	4,641,913	0.5%
2. Automobile Physical Damage		
Private Passenger		
Commercial	1,251,178	0.4%
3. Liability Other Than Auto	6,511,651	1.5%
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire	5,916,675	-0.3%
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:  
N/ABrief description of filing. (If filing follows rates of an advisory organization, specify organization):  
Revise our package modification factors for Commercial Auto, Commercial Property and General Liability lines  
Of business written under SICSC.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.Selective Insurance Company of  
South Carolina (SICSC)

Name of Company

Tracy Rossman – State Filing  
Specialist

Official - Title



## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 10/1/2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto	6,511,651	+0.3%
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Loss cost multiplier revision. Adopt ISO reference filings listed in explanatory memo, including loss costs: GL-2006-BGL1 and GL-2006-RZPLC, revised territory by zip: GL-2006-RZIP1, increased limits factors revision: GL-2006-IALL1, retrospective rating revision: RP-2006-RRP06, composite rating RP-2005-RCR06.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

<div data-bbox="717 1692 1049 1778" data-label="Text"> <p>DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR <b>RECEIVED</b></p> </div> <div data-bbox="776 1793 980 1843" data-label="Text"> <p>JUL 12 2007</p> </div> <div data-bbox="724 1887 1039 1936" data-label="Text"> <p>SPRINGFIELD, ILLINOIS</p> </div>	<div data-bbox="1039 1688 1386 1751" data-label="Text"> <p>Selective Insurance Company of the South Carolina (SICSC)</p> </div> <div data-bbox="1110 1751 1321 1780" data-label="Text"> <p>Name of Company</p> </div> <div data-bbox="1133 1898 1299 1927" data-label="Text"> <p>Official - Title</p> </div>
---	--

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 10/1/2007

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial	1,255,610	0.0%
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial	351,317	0.0%
3.	Liability Other Than Auto	3,996,280	0.7%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	2,412,970	0.0%
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

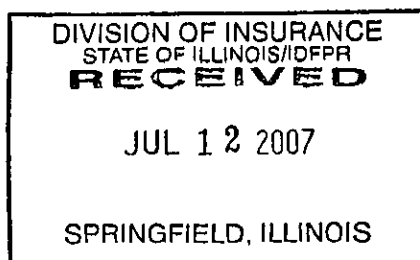
N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Revise our package modification factors for Commercial Auto, Commercial Property and General Liability lines  
Of business written under SICSC.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.



Selective Insurance Company of  
the Southeast (SICSE)

\_\_\_\_\_  
Name of Company

Tracy Rossman – State Filing  
Specialist

\_\_\_\_\_  
Official - Title

Form (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 10/1/2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto	3,996,280	-1.9%
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Loss cost multiplier revision. Adopt ISO reference filings listed in explanatory memo, including loss costs: GL-2006-BGL1 and GL-2006-RZPLC, revised territory by zip: GL-2006-RZIP1, increased limits factors revision: GL-2006-IALL1, retrospective rating revision: RP-2006-RRP06, composite rating RP-2005-RCR06.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

